

**Companion Document For**  
**ANSI ASC X12N 277 3070 (Health Care Claim Response-Unsolicited) Receipt from**  
**Alabama Medicaid**  
**May 2003**

The Health Insurance Portability and Accountability Act (HIPAA) requires that Alabama Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 277 U implementation guide has been established as the standard for the compliance of Health Care Claim Response-Unsolicited transactions. The implementation guide for this transaction is available electronically at [www.wpc-edi.com](http://www.wpc-edi.com).

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 277 U implementation guide. The table contains specific requirements to be used for processing data from the Alabama Medicaid Management Information System (AMMIS).

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict, any requirements in the ANSI ASC X12N 277 U implementation guide. Additional companion documents will be developed for use with other HIPAA standards as they become available.

**Note:** *The information in this document is subject to change. Please refer to the version number and effective date located in the footer of this document for the latest information available. A copy of the most current version of this companion document can be obtained from the internet at <http://www.medicaid.state.al.us/HIPAA/index.htm>.*

**THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO CHANGE.**

ITEM #	LOOP	SEGMENT NAME	LANGUAGE
1.	-----	-----	Alabama Medicaid will send Health Care Claim Response-Unsolicited data in upper case.
2.	-----	-----	The 277 U data will utilize the basic character set as defined in Appendix A of the 277 U Implementation Guide. In addition to the basic character set, the '@' symbol from the extended character set may also be utilized.
3.	-----	-----	Delimiters will be: tilde (~) for segment separators, asterisk (*) for data element separators, and a colon (:) for component data element separators.
4.	-----	-----	All dates on the 277 U transaction will be valid calendar dates in the appropriate format based on the respective qualifier and corresponding date format defined in the implementation guide.
5.	-----	-----	Alabama Medicaid will only return one GS-GE transaction type (Functional Group) per ISA-IEA interchange (transmission).
6.	-----	-----	Alabama Medicaid will only return one transaction per functional group; only one ST-SE (Transaction Set) within a GS-GE (Functional Group).
7.	-----	Interchange Control Header	'ZZ' will be sent as the Interchange ID Qualifier (ISA05), which is associated with the Interchange Sender ID (ISA06).
8.	-----	Interchange Control Header	'752548221' will be sent as the Interchange Sender ID (ISA06).
9.		Interchange Control Header	'ZZ' will be sent as the Interchange ID Qualifier (ISA07), which is associated with the Interchange Receiver ID (ISA08).
10.	-----	Interchange Control Header	The Provider Submitter ID assigned by Alabama Medicaid followed by the appropriate number of spaces to meet the minimum/maximum data element requirement of 15 bytes will be populated in the Interchange Receiver ID (ISA08).
11.	-----	Functional Group Header	'752548221' will be sent as the Application Sender's Code (GS02).
12.	-----	Functional Group Header	The Provider's Submitter ID assigned by Alabama Medicaid will be populated as the Application Receiver's Code (GS03).

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<b>ITEM #</b>	<b>LOOP</b>	<b>SEGMENT NAME</b>	<b>LANGUAGE</b>
<b>13.</b>	-----	Header	The Billing Provider's Number will be returned as the Transaction Set Control Number (ST02).
<b>14.</b>	-----	Transaction Structure	'NO' will be returned as the Transaction Type Code (BHT06).
<b>15.</b>	2100A	Payer Name	'FI' will be returned as the Identification Code Qualifier (NM108).
<b>16.</b>	2100A	Payer Name	'752548221' will be returned as the Identification Code (NM109).
<b>17.</b>	2100C	Provider Information	'SV' will be returned as the Identification Code Qualifier (NM108).
<b>18.</b>	2100C	Provider Information	The Billing Provider's Number will be returned as the Identification Code (NM109).
<b>19.</b>	2100D	Subscriber Name	'QC' will be returned as the Entity Identifier Code (NM101).
<b>20.</b>	2100D	Subscriber Name	'MR' will be returned as the Identification Code Qualifier (NM108).
<b>21.</b>	2100D	Subscriber Name	The Medicaid Recipient ID will be returned as the Identification Code (NM109).
<b>22.</b>	2200D	Claim Submitter Trace Number	The Patient's account number from the 837 claim will be returned as the Reference Identification (TRN02).
<b>23.</b>	2200D	Claim Level Status Information	'P1' (Pending – the claim/encounter is suspended) will be returned as the Health Care Claim Status Category Code (STC01-1).
<b>24.</b>	2200D	Claim Level Status Information	If used, 'P1' will be returned as the Health Care Claim Status Category Code (STC10-1, STC11-1).
<b>25.</b>	2000E	Dependent	Dependent Level information is not used by Alabama Medicaid and will not be returned within a Health Care Claim Response-Unsolicited transaction.